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# The Role of Visum Et Repertum In Domestic Violence Cases: A Case Study of Decision Number 310/Pid.Sus/2025/Pn Ckr

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**Abstract:** Domestic violence in Indonesia poses serious evidentiary challenges due to minimal independent witnesses and its occurrence within private family spaces. Visum et Repertum (VeR), as a medico-legal document, plays a strategic role in the criminal evidence system by providing objective proof of physical violence. This study analyzes VeR's role in proving domestic violence cases, identifies implementation obstacles, and examines judicial considerations based on Decision Number 310/Pid.Sus/2025/PN Ckr. A normative juridical approach with case study method was employed, analyzing secondary legal materials through prescriptive-analytical qualitative analysis. The findings reveal that VeR performs essential functions in objectively documenting injuries, connecting wound characteristics with instruments of violence, and strengthening victim testimonies. Consistent with the negative evidentiary principle (*negatief wettelijk bewijs*) under Article 183 KUHAP, VeR does not function as a singular decisive proof but as one of at least two valid pieces of evidence that, together with judicial conviction, establish criminal liability. Within this evidentiary framework, VeR serves as a significant corroborating instrument in establishing the elements of Article 44 paragraph (1) of the Domestic Violence Elimination Law. In this case, VeR formed a coherent evidentiary construction in this particular case with witness testimonies and physical evidence, resulting in an eight-month imprisonment sentence for the perpetrator. It must be acknowledged, however, that the evidentiary weight attributed to VeR may vary across different cases depending on the completeness of the document, the nature of the injuries, the availability of corroborating evidence, and the individual judicial panel's assessment. The findings of this study therefore reflect the specific evidentiary dynamics of Decision Number 310/Pid.Sus/2025/PN Ckr and should not be universalized as representative of all KDRT prosecutions in Indonesia.

**Keywords:** Court Decision, Criminal Evidence, Domestic Violence, Forensic Medicine, Visum Et Repertum

## INTRODUCTION

Forensic medicine occupies an indispensable position within the criminal justice system, serving as a critical bridge between medical science and legal proceedings in providing

objective scientific evidence for crimes involving the human body. One of the clearest manifestations of this integration is the use of *Visum et Repertum* (VeR), a specialized written report prepared by licensed medical personnel upon the official request of investigators for criminal examination purposes. This medico-legal document possesses significant evidentiary power, containing an objective description of the victim's physical condition, a thorough analysis of injury mechanisms, and medical conclusions that can be scientifically defended in court (Budiono et al., 2020). Consequently, VeR is not merely an administrative health record but a fundamental legal instrument that transforms biological trauma into legally actionable evidence.

The urgency of optimizing VeR's role is particularly evident in the handling of Domestic Violence (KDRT) cases, where the evidentiary process is confronted with complex, multifaceted challenges stemming from the severe lack of independent witnesses, complicated power dynamics within family structures, and pervasive social stigmas that deter victims from reporting abuse. Based on data from the National Commission on Violence Against Women, throughout 2024, there were 445,502 recorded cases of gender-based violence, with domestic violence accounting for approximately 69 percent of total reported incidents (Maisyarah et al., 2022). These statistics confirm that the domestic sphere often becomes the most dangerous environment for women and children, reflecting systemic gaps in victim protection policies and inadequate coordination among health institutions, law enforcement, and advocacy agencies (Cahyani et al., 2021). The inherent characteristic of KDRT as a "hidden crime" occurring within the private confines of the family results in a scarcity of eyewitnesses, making reliable medical documentation through VeR an essential evidentiary instrument (Tarigan, 2019).

To address the gap in existing scholarship on systemic implementation obstacles and judicial reasoning in domestic violence cases involving unconventional weapons and minor injuries, the Cikarang District Court Decision Number 310/Pid.Sus/2025/PN Ckr serves as a representative case study. In this proceeding, the defendant committed physical violence against his wife using a mosquito racket and bare hands, and *Visum et Repertum* Number 18/VER/RSUD/XI/2024 emerged as the key evidence relied upon by the panel of judges to satisfy the criminal elements of Article 44 paragraph (1) of Law Number 23 of 2004 concerning the Elimination of Domestic Violence. Accordingly, this research addresses three main questions: (1) What is the role and function of *visum et repertum* in constructing the evidentiary basis of KDRT cases according to Decision Number 310/Pid.Sus/2025/PN Ckr? (2) What are the systemic obstacles in the implementation of medical forensics for KDRT cases in Indonesia? (3) How do judges consider and rationalize the utilization of *visum et repertum* as the primary basis of proof in the aforementioned decision?

## LITERATURE REVIEW

The theoretical foundation of VeR in the Indonesian criminal justice system rests upon its classification as valid documentary evidence under Article 184 of the Criminal Procedure Code (KUHAP), specifically generated pursuant to Article 133 KUHAP upon the formal request of investigators. Several scholars have examined the evidentiary strength of VeR across various criminal case contexts. Nisa and Krisnan (2015) established that VeR constitutes a legally binding document that can single-handedly fulfill one of the two minimum evidentiary requirements under the negative evidentiary principle, provided it is corroborated by at least one additional valid piece of evidence. Priyanto (2019) further affirmed that the physician's role in preparing VeR is not limited to documenting medical findings but extends to interpreting injury mechanisms in a manner comprehensible to legal practitioners. Shara et al. (2019) demonstrated that VeR can conclusively establish the causal nexus between the defendant's actions and the harm suffered, particularly in cases of physical violence resulting

in serious injury or death. These foundational studies collectively affirm VeR's indispensable juridical function within the Indonesian criminal evidence framework.

In the specific context of KDRT cases, the role of VeR has been extensively documented. Prasetyo et al. (2020) emphasized that inadequate forensic literacy among law enforcement often leads to unresolved cases due to the absence of supporting VeR. Budiono et al. (2020) highlighted that VeR is uniquely positioned to uncover the time and mechanism of the offense when eyewitnesses are absent. Maisyarah et al. (2022) concluded that medical reports constitute indispensable substitute evidence that emboldens judges to convict perpetrators despite the lack of direct testimonies. Similarly, Cahyani et al. (2021) analyzed VeR's evidentiary strength in maltreatment cases and argued for the urgent need to standardize VeR formats in national legislation. Putri and Ruslie (2023) further confirmed that in KDRT prosecutions, VeR serves as the cornerstone of the evidentiary chain, enabling investigators and courts to establish both the occurrence and severity of physical violence. Triadi et al. (2023) illustrated through forensic case documentation that the quality of VeR directly determines the strength of the prosecution's case, with detailed injury characterization significantly increasing the probability of conviction.

Regarding implementation and procedural aspects, Suyoko et al. (2023) conducted a multi-site study revealing significant procedural variations in VeR preparation across healthcare facilities, attributing inconsistencies to the absence of a nationally uniform format. Iskandar and Zubir (2020) identified characteristic patterns in medico-legal documentation of violence cases, noting that incomplete injury documentation frequently undermines evidentiary value in subsequent legal proceedings. Iskandar (2021) specifically examined the forensic dimensions of physical violence within the domestic sphere, underscoring the need for standardized forensic examination protocols at primary healthcare centers. Ohoiwutun et al. (2022) extended the discussion to psychological violence cases, demonstrating that the forensic documentation of psychological injury presents additional evidentiary challenges requiring specialized psychiatric expertise. These studies collectively identify systemic barriers including limited forensic capacity, delayed requests, and inadequate legal protection for medical personnel that impede VeR's optimal function in KDRT litigation (Sumino et al., 2023).

From a judicial perspective, Lafau et al. (2025) examined a KDRT case before a district court and found that judges rely primarily on VeR in forming their conviction, particularly in the absence of other corroborating physical evidence. Wattimena and Pikahulan (2025) similarly found that in cases of psychological domestic violence, forensic documentation including psychiatric VeR remains critically underutilized due to law enforcement's limited understanding of its legal implications. Tuti Gusmawati Simanjuntak et al. (2024) affirmed that VeR not only documents physical harm but also provides courts with an authoritative medical interpretation that transcends mere witness testimony, thereby elevating the certainty of judicial conviction. Puspitasari et al. (2025) further confirmed through forensic case analysis that VeR remains the decisive evidentiary instrument in KDRT prosecutions. Despite this extensive body of research, a significant gap persists in the literature: no prior study has specifically examined how judicial panels construct their evidentiary rationale when VeR documents bruising caused by unconventional instruments—such as a mosquito racket in cases where injuries are classified as minor, a scenario that directly informs the present research.

## METHOD

This research employs a normative juridical approach (*normative legal research*) combined with a case study method to analyze the role of *visum et repertum* in proving the criminal act of Domestic Violence (KDRT). The normative juridical approach was selected because this research focuses on examining legal norms, statutory regulations, court decisions,

and legal doctrines related to medical forensic evidence within the Indonesian criminal justice system (Dr. Jonaedi Efendi & Prof. Dr. Johnny Ibrahim, 2018). The primary object of this research is the Cikarang District Court Decision Number 310/Pid.Sus/2025/PN Ckr, which serves as the main instrument for comprehensively understanding how forensic medical evidence specifically the *visum et repertum* is utilized in the evidentiary process and becomes the basis for the judge's deliberation in rendering a verdict.

The data utilized in this study are secondary data derived from primary, secondary, and tertiary legal materials. Primary legal materials encompass relevant statutory regulations such as Law Number 23 of 2004 concerning the Elimination of Domestic Violence, the Indonesian Criminal Code (KUHP), the Indonesian Criminal Procedure Code (KUHAP), and the Cikarang District Court Decision Number 310/Pid.Sus/2025/PN Ckr. Secondary legal materials consist of scientific literature comprising legal textbooks, national and international scientific journals, articles, and prior research findings discussing forensic medicine, *visum et repertum*, criminal evidence, and the handling of KDRT cases. Tertiary legal materials include legal dictionaries, encyclopedias, and other supporting references providing definitions and explanations of legal terminology employed in the research.

Data collection was conducted through library research by identifying, gathering, and reviewing various legal documents and scientific literature relevant to the research topic. Court decision documents were tracked through the Supreme Court of the Republic of Indonesia's Decision Directory database; statutory regulations were accessed via official government websites; and scientific journals and academic publications were retrieved through reputable national and international electronic journal databases.

Data analysis employs a qualitative method with a prescriptive-analytical approach, which involves analyzing and interpreting legal data to provide legal arguments and prescriptions regarding the investigated issues (Hamzani et al., 2023). The analysis proceeded through several stages: inventorying and identifying relevant legal materials; classifying and systematizing data based on the formulated research problems; conducting legal interpretation of the court decision using grammatical, systematic, and teleological interpretation methods; and performing a critical evaluation of the judge's considerations in utilizing the *visum et repertum* as evidence, referencing the theory of proof and the principles of formal criminal law applicable in Indonesia.

## RESULTS AND DISCUSSION

The evidentiary system in Indonesian criminal procedure law recognizes five types of evidence restrictively regulated in Article 184 of the Criminal Procedure Code (KUHAP): witness testimony, expert testimony, documentary evidence, physical evidence, and the defendant's statement. Within this juridical construction, *Visum et Repertum* (VeR) is classified as documentary evidence possessing distinct characteristics compared to general administrative documents. Its specificity lies in its juridical dimension as a medical document created upon the official request of an investigator for judicial purposes, as stipulated in Article 133 of the KUHAP. This document is not merely a routine medical record but a legal instrument connecting clinical findings with evidentiary interests in the criminal justice system. In Domestic Violence (KDRT) cases, VeR becomes highly crucial given that the victim's testimony often faces credibility issues when unsupported by other evidence particularly in situations lacking direct eyewitnesses since KDRT constitutes a crime committed within the private sphere of the household, categorized in criminology as a hidden crime. VeR therefore serves an essential function in corroborating the victim's testimony by providing objective evidence depicting injuries resulting from acts of violence (Putri & Ruslie, 2023).

According to Utami et al. (2021), the reliability of VeR is heavily determined by systematic, objective examination methods adhering to forensic medical guidelines, enabling

it to function optimally as evidence in court. The strategic position of VeR in the criminal evidentiary system is linked to the negative evidentiary principle under the law adopted in the KUHAP, which requires that proving a defendant's guilt be based on a minimum of two valid pieces of evidence coupled with the judge's conviction derived from said evidence. In practice, the combination of the victim's statement as a witness and VeR as documentary evidence forms a strong evidentiary basis sufficient to convince the judge of the occurrence of a KDRT offense. Thus, VeR functions not solely as a medical document but also as a bridge connecting biological facts—injuries to the victim's body with legal facts constituting the criminal act of physical violence (Undang-Undang Republik Indonesia, 1981).

The role of VeR in handling KDRT cases encompasses several interconnected crucial dimensions. *First*, VeR functions to describe medical facts objectively and comprehensively, recording injury conditions in detail including anatomical location, wound dimensions, bruise color characteristics, injury severity, and estimated time of occurrence based on bruise color progression or wound healing stages. Such objectivity eliminates subjective bias in the evidentiary process and lends legitimacy to the victim's experience (Suyoko et al., 2023). *Second*, VeR possesses the capacity to correlate wound characteristics with the instrument utilized in perpetrating the violence. In Cikarang District Court Decision Number 310/Pid.Sus/2025/PN Ckr, the VeR indicated bruises consistent with blunt force trauma, corroborating the victim's account of being struck with a mosquito racket and bare hands, thereby forming a coherent and mutually reinforcing evidentiary chain comprising victim testimony, physical evidence, and objective medical data.

*Third*, VeR serves to corroborate testimonies of victims and witnesses in cases that generally lack eyewitnesses. The Indonesian Ministry of Health, through the Guidelines for Services and Referral of Cases of Violence Against Women and Children (2021), emphasizes the importance of detailed medical documentation including wound description, location, size, bruise color, and estimated time of injury occurrence. *Fourth*, VeR serves as a significant corroborating instrument for judges in deciding cases. Under the negative evidentiary principle (*negatief wettelijk bewijs*) established in Article 183 KUHAP, a judge may only convict a defendant if at least two valid pieces of evidence together produce judicial conviction (*keyakinan hakim*). VeR, classified as documentary evidence under Article 184 KUHAP, fulfills one of those evidentiary requirements. Without VeR, judges may face difficulty establishing objective medical facts, as reliance solely on oral testimonies can be inherently subjective. With VeR as part of the evidentiary chain, judicial conviction can be established more firmly and transparently, supporting the determination that the elements within Article 44 paragraph (1) of Law Number 23 of 2004 concerning the Elimination of Domestic Violence (UU PKDRT) are fulfilled, in alignment with the principle that proof in criminal cases must be grounded in valid evidence and judicial conviction derived from such evidence (Undang-Undang Republik Indonesia, 2022).

The implementation of VeR in handling KDRT cases faces various obstacles categorized into three main dimensions. The *first* dimension involves constraints from the medical personnel's perspective. Not all physicians possess adequate forensic competence to produce high-quality VeR reports; many documents are drafted briefly and lack detail, undermining their evidentiary value in court. Forensic facilities across various healthcare centers remain inadequate, with Primary Health Centers (Puskesmas) and small hospitals frequently lacking standard documentation equipment, often requiring referral to larger hospitals and causing significant examination delays (Iskandar, 2021). Such delays are harmful because injuries, particularly bruises, change in appearance over time, rendering documentation unrepresentative of the victim's condition at the time of the incident. Medical personnel also encounter challenges in engaging with KDRT victims who present in

psychological trauma; if trauma-informed care principles are not applied as emphasized by the WHO (2021), the resulting VeR may be incomplete.

The *second* dimension comprises constraints from the law enforcement perspective. Delayed VeR requests represent a frequent issue, as investigators sometimes submit formal requests several days after the violent event, by which point bruises may have faded or changed characteristics (Ohoiwutun et al., 2022). Limited comprehension of medical terminology among law enforcement officers such as *contusio* (bruise), *hematoma* (blood collection under the skin), or *vulnus* (wound) prevents VeR from being optimally utilized in evidentiary proceedings. Cross-sectoral coordination among the police, hospitals, prosecutors, and women's protection agencies also remains suboptimal, compelling victims to navigate between institutions and compounding the psychological burden of having experienced violence. The *third* dimension involves structural and systemic constraints. The limited number of forensic specialist physicians, the absence of a nationally standardized VeR format, and the lack of legal protection for medical personnel against external pressures can collectively compromise the objectivity and quality of medical reports (Sumino et al., 2023; Tuti Gusmawati Simanjuntak et al., 2024).

Cikarang District Court Decision Number 310/Pid.Sus/2025/PN Ckr provides a concrete illustration of VeR's role in KDRT prosecution. This case arose from a domestic dispute in which the victim sought accountability from the defendant over a sum of Rp550,000 used for the children's needs (Putusan Pengadilan Negeri Cikarang, 2025). The verbal argument escalated into physical violence, during which the defendant struck the victim with a mosquito racket and bare hands, resulting in bruises on the left cheek, upper arm, and lower arm. The victim immediately reported the incident and underwent medical examination at the Cibitung Regional General Hospital (RSUD), which issued *Visum et Repertum* Number 18/VER/RSUD/XI/2024 confirming bruises consistent with blunt force trauma. In their deliberations, the panel of judges assigned considerable weight to the VeR as objective evidence anchoring the evidentiary chain, serving a dual function: first, proving the occurrence of physical violence through objective medical documentation; and second, demonstrating the causal relationship between the defendant's actions and the victim's injuries. The convergence of the VeR findings, witness testimony corroborated by photographs, and physical evidence comprising the mosquito racket formed a strong and convincing evidentiary basis for the panel of judges.

From a juridical perspective, the panel applied Article 44 paragraph (1) of the UU PKDRT to establish the elements of physical violence, and while the application of the provision appears procedurally sound on its face, several aspects of the judicial reasoning merit critical scrutiny. Notably, the decision does not explicitly articulate the weight assigned to VeR relative to other pieces of evidence, nor does it address the threshold of judicial conviction (*keyakinan hakim*) in measurable terms. This opacity in evidentiary reasoning is a recognized limitation of Indonesian district court decisions more broadly, and the panel's reliance on VeR as the evidentiary anchor, while practically effective in this case, risks conflating corroborating evidence with conclusive proof. A more analytically rigorous approach would have required the judges to assess VeR in explicit relation to the minimum two-evidence requirement under Article 183 KUHAP, thereby ensuring transparency in how each evidentiary element contributed to the final verdict. The eight-month imprisonment sentence demonstrates a commitment to prosecuting KDRT regardless of injury severity; however, the absence of detailed sentencing rationale leaves open the question of whether proportionality considerations were adequately weighed against the statutory maximum of five years under Article 44 paragraph (1) UU PKDRT.

An evaluation of this decision reveals both commendable aspects and areas warranting further attention (Puspitasari et al., 2025). The decision is notable for imposing an

imprisonment sentence despite the minor nature of the injuries, thereby reaffirming KDRT as a serious criminal offense and demonstrating the importance of medical forensics in criminal evidence. However, the eight-month sentence may be considered relatively lenient compared to the five-year maximum penalty stipulated in Article 44 paragraph (1) of the UU PKDRT (Badriyah Khaleed & Yustisia, 2018). This decision carries significant implications: it affirms the crucial evidentiary role of VeR in KDRT prosecution, underscores the need to strengthen collaboration between the medical and legal professions through prompt VeR requests upon receiving a victim's report, and may serve as jurisprudence affirming that even minor injuries in the context of KDRT must be subject to legal sanction, thereby strengthening deterrence and improving victim protection (Lafau et al., 2025; Wattimena & Pikahulan, 2025).

## CONCLUSION

*Visum et Repertum* (VeR) occupies a strategically important position within the Indonesian criminal evidentiary system as documentary evidence that directly links the biological facts of a victim's injuries to the legal facts of physical violence. Particularly in Domestic Violence (KDRT) cases which are inherently "hidden crimes" characterized by a severe lack of eyewitnesses VeR serves an essential function as objective evidence that substantially corroborates victim testimony and assists judges in forming a well-grounded legal conviction based on the negative evidentiary principle under the law. The analysis of Cikarang District Court Decision Number 310/Pid.Sus/2025/PN Ckr demonstrates that VeR does not merely document injuries; it also scientifically connects wound characteristics with the instruments or methods of violence employed, thereby establishing a coherent and compelling evidentiary chain when combined with witness testimonies and physical evidence.

Despite its critical importance, the practical implementation of VeR is beset by complex, multidimensional obstacles hindering the effective prosecution of KDRT cases. These include the limited forensic competence of general medical personnel, inadequate forensic documentation facilities at smaller health centers, significant delays in formally requesting VeR, limited understanding of medical terminology among law enforcement personnel, a nationwide shortage of forensic specialists particularly in remote regions the absence of a nationally standardized VeR format, and inadequate legal protection for medical personnel against external pressures, all of which can severely compromise the objectivity and quality of medical reports.

To address these systemic deficiencies, it is recommended that the Government through the Ministry of Health and the Ministry of Law and Human Rights establish a standardized national VeR format accompanied by comprehensive technical guidelines for injury documentation. A sustained effort must be made to strengthen the forensic capacity of medical personnel through regular training in clinical forensics and trauma-informed care, supported by the provision of adequate forensic facilities at primary healthcare centers to prevent examination delays. The government must also enact explicit legal protections for examining physicians and promote the deployment of forensic specialists to underserved regions. Furthermore, strengthening cross-sectoral coordination through integrated referral Standard Operating Procedures (SOPs) and providing medical terminology training for law enforcement officers are essential steps toward maximizing the evidentiary value of VeR and ensuring substantive justice for victims of domestic violence.

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